

No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8779**
Registrar's No. **2189**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution:
2349 S. 11th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Henry Vitek
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased About 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 80 Unknown hr. min.

9. Birthplace Bohemia
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business

MOTHER FATHER { 12. Name John Vitek
13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Vitek
(b) Address 2349 S. 11th St.

17. (a) Burial (b) Date thereof Mar. 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) MAR 9 1941 (b) J. H. Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town 2349 S. 11th St. 2317
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, Mo. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 8
year 1941 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Mar. 5
1941 to Mar 8 1941
that I last saw him alive on Mar. 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Due to.....
Due to.....
Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature Arthur H. Harggel (M. D. or other) M.D.
Address 1845 S. 14th St. Date signed 3-8-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Benj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.